

L10000041007

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(Address)

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(Document Number)

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**A. LUNT**

APR 16 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR 15 PM 12:27

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2010

VINCENT S DEYANJU  
4102 HERITAGE LAKE COURT  
LUTZ, FL 33558

SUBJECT: CAPRICORN HEALTHCARE SERIVES, LLC  
Ref. Number: W10000016880

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TALLAHASSEE, FLORIDA

We have received your document for CAPRICORN HEALTHCARE SERIVES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 710A00008436

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAPRICORN HEALTHCARE SERVICES, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**VINCENT S DEYANJU**

Name of Person

**CAPRICORN HEALTHCARE SERVICES, LLC**

Firm/Company

**4102 HERITAGE LAKE COURT**

Address

**LUTZ, FL 33558**

City/State and Zip Code

**vinikki@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Vincent Deyanju**

Name of Person

at ( 813 ) **909-2924**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPRICORN HEALTHCARE SERVICES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

4102 HERITAGE LAKE COURT, LUTZ, FL 33558

### Mailing Address:

4102 HERITAGE LAKE COURT, LUTZ, FL 33558

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VINCENT DEYANJU

Name

4102 HERITAGE LAKE COURT

Florida street address (P.O. Box **NOT** acceptable)

LUTZ

FL 33558

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Vincent Deyanju

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGRM" \_\_\_\_\_

VINCENT DEYANJU

4102 HERITAGE LAKE COURT

LUTZ, FL 33558

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

VINCENT S. DEYANJU

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA